



County of Santa Clara, CA USA/Province* of Florence, Italy Sister County Commission (Florence Sister County Commission)

Technology Grant For Florentine young entrepreneurs

The County of Santa Clara and the Province* of Florence have a Sister County relationship that promotes exchange of art, commerce, culture, education, and technology. This year the Santa Clara Sister County Commission is offering grants to young entrepreneurs who participate in recognized incubator or accelerator programs located in Santa Clara County.

The Florence Sister County Commission may approve grants toward the participation in the programs, of one or more participants, depending on qualification of applicants. Money is dispersed in one increment, and it will be awarded after successful completion of the program after submission of a letter of completion to the Commission.

Criteria:

1. Applicant's objective must align with the Florence Sister County Commission mission
2. Applicant must demonstrate how he/she will further the Sister County Commission mission
3. Applicant must be a resident of the Province* of Florence for at least six months while studying at a university in Province* of Florence or reside in Province* of Florence for at least six continuous months immediately prior to applying for this grant. Applicant should provide a copy of a 'certificato di residenza' to prove his/her residency.
4. Applicant must participate in an incubator or accelerator program in Santa Clara County. Please provide a copy of an official letter of acceptance from the program.
5. Applicant must successfully complete the program.
6. Applicant must be at least 21 or older.
7. Applicant must complete the application, including copies of transcripts, statement of purpose and three letters of recommendation.
8. If selected, grant recipient will need to complete appropriate tax forms for tax purposes before a check is issued.

Upon completion of the program, grant recipient is expected to:

1. Submit a letter of completion (letter must be obtained from the program).
2. Write an evaluative report about his/her experience for future applicants.
3. Contribute to foster the Sister Counties mission (<https://www.sccgov.org/sites/sistercounty/italy/pages/florence-italy.aspx> and <http://www.sistercities.org/what-sister-city>)
4. Assist the promotion of exchange of technology, commerce and education with Florence, Italy and Sister County Commission.

For more information or an application, please visit:

<https://www.sccgov.org/sites/sistercounty/italy/scholarship/pages/scholarship.aspx>

Email to: sistercounties@ceo.sccgov.org or call (408) 299-5115.

Application Deadline:
June 8, 2018 before 5:00 p.m.

Possible request for Interview:
May or June 2018

Notification:
June 2018

All application materials must be received at the County office no later than Friday, June 8, 2018 before 5:00 p.m. Materials after this deadline will be disqualified.



County of Santa Clara, CA USA/Province* of Florence,
Italy Sister County Commission
(Florence Sister County Commission)

Application for Technology Innovation Grant:
“Florentine Young Entrepreneurs Grant”

Please type or print clearly. Complete all sections of this application. If additional documents are submitted, include your name on every document.

Name: _____
First Last

Address: _____

Telephone: _____ Email: _____

Social media accounts: _____

Date of Birth: _____ Male ___ Female ___

University currently attending: _____

Major: _____

GPA: _____ Class Level as of June 2018: _____

Expected graduation date (M/Y): _____

University attended: _____

Major: _____

Degree: _____ Graduation date: _____ GPA: _____

How did you hear about the Sister County “Florentine Young Entrepreneurs Grant”? Please explain.

Accepted Program in Santa Clara County _____

How long have you lived in the Province* of Florence (Metropolitan City of Florence)? _____

1. List in chronological order principal academic and non-academic honors, activities, organizational affiliations or participation, community engagement and/or employment experience relevant to your application.
2. Recipient of the Sister County “Florentine Young Entrepreneurs Grant” is expected to promote cross-cultural awareness and relationship building opportunities in Santa Clara County and contribute to the promotion of the County of Santa Clara, CA USA/Province* of Florence, Italy, Sister County Commission mission upon his/her return to Florence, Italy. Describe how you intend to

contribute to promote the mission of the Florence Sister County Commission and identify strengths, abilities, contacts that would help you successfully carry out this obligation.

3. What qualities and personal or professional experiences have had a particular impact on you? How do they make you a good representative of the Florence Sister County Commission?
4. Explain your interest in the particular program you applied for.
5. Applicant must demonstrate the ability to pay the costs above and beyond the amount provided by the grant. Please indicate the estimated cost of the program, as well as the amount and source(s) of funds available.

Estimated total cost of program: \$ _____
(Tuition, Fees, Housing, Meals, Transportation, Personal Expenses, etc.)

Total Funds Available: \$ _____

Source(s): _____

6. Please attach the following to this application:
 - University transcripts
 - Statement of Purpose (no more than one page)
 - Letter of acceptance
 - Three letters of recommendation required: two from academic instructors and one from a supervisor, if employed. If not employed, a third from an academic advisor would be acceptable. Please use enclosed form or have them use official letterhead. Recommendations need not accompany the grant application; however, they are subject to the same deadline.
 - Proof of residency in Province* of Florence. (If the Commission finds out after a grant is awarded that the recipient does not meet the residency requirement, the Commission has the right to revoke the grant.)

I certify that (1) the information given in this application, including all supporting documentation, are true and correct and (2) I meet the residency criteria for this grant, as described in the application materials.

Signature: _____

Date: _____

Please return this application with supporting documents to:

Florence Sister County Commission
Office of the County Executive c/o Office of Public Affairs
Attn: Technology Committee
County of Santa Clara
70 West Hedding St., 11th Floor
San Jose, CA 95110

Tel. (408) 299-5115 Email: sistercounties@ceo.sccgov.org

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County Commission (Florence Sister County Commission)**

Grant Recommendation Form

Name of Student: _____
First Name MI Last Name

The Technology Committee appreciates your willingness to comment on the applicant's strengths and potential for success. Your responses will be given serious consideration in the evaluation of the applicant's ability to benefit from the program for his/her career goals. You may use the reverse for additional comments. You may also write this recommendation on official letterhead, but please address all the questions.

1. How long and in what capacity have you known the applicant?
2. Describe the strengths of the applicant and his/her potential for success in the program?
3. How would you rate the applicant's motivation and initiative in pursuing his/her career goals?
4. In what way would the opportunity to participate in an incubator program in Santa Clara County contribute to the applicant's professional development?

Name	_____	Signature	_____
Title or Position	_____	Employer	_____
Telephone #	_____	Email	_____
Date	_____		

***Please return this recommendation to the student in a sealed envelope with your signature across the flap.**

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